

management in order to achieve inclusion and emotional reassurance in school and in community.

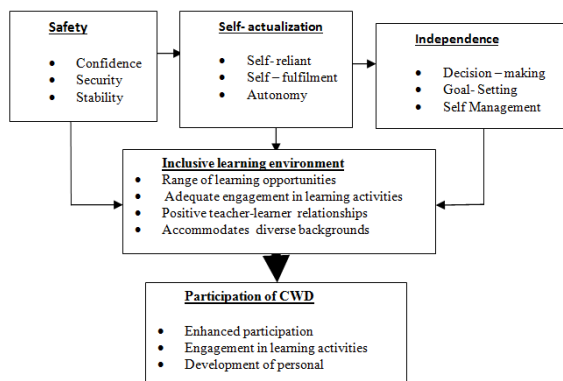


Figure 1. Conceptual frame work

7. Data and Methodology

This study employed a descriptive research design to gather data. Simple random sampling technique was used to identify 150 pre-schools. Purposive sampling and simple random sampling were then used to obtain a target population of 102 head teachers, 153 pre-school teachers and 150 pre-school CWD aged 4-6. Instruments for this study were questionnaires, interview schedules and observation guide. A questionnaire was administered to teachers and it dealt with teachers' familiarity with emotional balance of CWD. An interview schedule was used to obtain information from head teachers on views concerning emotional balance for CWD. Further still, Interview schedule was used on CWD to obtain views on emotional stability. According to Jackson [10], descriptive research design is commonly represented by use of frequency charts, bar graphs and pie charts to tabulate the information gathered appropriately. Data collection for this study was obtained through editing, coding and tabulation procedures.

Table 1. Years of Service and Academic Qualification of the Respondents

No. of Years of Service	Frequency	%	No. of Years of Service in Current Station	Frequency	%	Academic qualification of teachers	Frequency	%
<1 year	0	0	<1 year	0	0	Sec'O' Level	0	0
1-2 years	10	6.54	1-2 year	14	9.15	Certificate in E.C.E	92	60.13
2-5 years	39	25.49	2-5 years	29	18.95	Diploma in E.C.E	39	24.49
5-9 years	46	30.06	5-9 years	61	39.87	Bachelor in E.C.E	22	14.38
>10 years	58	37.91	>10 years	49	32.03	Masters in E.C.E	0	0
Total	153	100%	Total	153	100%		153	100%

8. Study findings

The study sought to examine academic qualifications of Pre- school teachers From Table 1, Cumulatively 10(6.54%) out of 153 Pre- school

teachers had between 1-2 years of experience, 39 (25.49%) had between 2-5 years of experience, 46(30.06%) had between 5-9 years for experience while majority 58(37.91%) had more than 10 years for experience signifying that they were well trained and equipped with prerequisite knowledge that enabled them to handle CWD. Additionally out of 153 teachers 14(9.15%) had taught for between 1-2 years in same station, 29(18.95%) had taught between 2-5 years in the same station, majority 61(39.87%) had taught between 5-9 years in the same station while 49(30.03%) had taught over 10 years in the same station. These findings indicate that majority of the teachers having taught in the same station had acquired much experience in handling CWD. More findings revealed that 92(60.13%) of the teachers had Certificate in E.C.E, 39(24.49%) had Diploma in E.C.E, 22(14.38%) had Bachelors degree in E.C.E. and none with masters in E.C.E. This depict that all the 153 teachers had training in E.C.E a prerequisite for providing emotional balance for CWD. Thus, expanding staff training and professional development opportunity on emotional balance of CWD is essential in learner participation. Similarly, educational and professional qualification is an essential aspect towards providing emotional confidence to CWD.

Table 2. Teacher's familiarity with emotional needs of CWD

Item	Views			
	Yes Frequency	%	No frequency	%
Safety				
The CWD are confident	55	35.94	98	64.05
The CWD require security	150	98.03	3	1.96
The CWD are emotionally stable	60	39.86	92	60.13
Self actualization				
I offer tips for CWD to be self reliant.	142	92.81	11	7.18
The CWD require self- fulfillment skills	149	97.81	4	2.61
The CWD are Autonomous	87	56.66	66	43.13
Self independence				
The CWD should make own decisions.	133	86.92	11	7.18
The CWD should set own goals.	147	96.07	6	3.92
The CWD should have self management skills	151	98.69	2	1.30

The study sought to examine teacher's familiarity with emotional balance of CWD. From Table 2, the study found that 55 (35.94) out of 153 teachers reported that CWD have confidence especially in handling dangerous situations, such forms of abuse suggesting adequacy in emotion balance, while 98 (64.05) did not, implying presence of emotional imbalances. This depicts that majority of teachers are not dedicated to providing safety

needs of CWD, a situation that is likely to expose CWD to insecurity and emotional imbalance. Besides, CWD feel safe when no harm befalls them, an indication of emotional stability. Similarly 150 (98.03) discouraged teasing and bullying for CWD to develop emotional re-assurance, while 3 (1.96) did not due to ignorance of emotional security for CWD. The three teachers lamented that CWD should be treated like the rest of the children in class. Additionally, 61 (39.86) had constant routine for CWD to gain emotional stability necessary for learner participation while 92 (60.13) did not, due to inadequate knowledge on emotional balance for CWD. In one incident a teacher lamented.....*These CWD overcompensate for their own insecurities by aggressiveness, I don't allow anyone to get away with these behaviours. Do not expect me to concentrate on a few CWD when I have such a large class.* These findings suggest that most teachers jeopardize potential success for CWD to achieve emotional stability by failing to provide skills necessary for CWD to acquire emotional assurance.

Findings revealed that, 142 (92.81) teachers offered CWD tips for self reliance such as allowing CWD to make choices and solving own problems, however 11 (7.18) did not. Additionally, 149 (97.38) paired CWD with peers without disability for realization of self fulfilment and emotional encouragement while 4 (2.61) did not. More findings revealed that 87 (56.86) assisted CWD to understand and face consequences for behaviour to achieve autonomy and emotional adjustment, while 66 (43.13) did not, indicating lapse in emotional adjustment. Thus, focusing on improving CWD's ability to self-actualization is the best way in treating personality disorders and achieving emotional balance.

Further findings indicated that, 133 (86.92) teachers allowed CWD to make own decisions while 20 (13.07) did not hence, increasing emotional imbalance for CWD. Similar findings by Sinclair, [18], points out that when CWD share power and responsibility for decision making effective learner participation is likely to be realized, which in turn leads to emotional stability. Further still, 147 (96.07) teachers gave CWD opportunities to set own goals, suggesting emotional confidence. However 6 (3.92) did not, implying emotional instability. Finally 151 (98.69) permitted enough time for CWD to complete classroom tasks for achievement of emotional assurance while 2 (1.30) did not, even though Reading et al.[15], confirmed that CWD can flourish if they are encouraged to be more independent and try out new things for emotional balance to be realized. These findings indicate that most teachers initiated independent skills to CWD a requirement for emotional reassurance.

Table 3. Head teacher's level of understanding emotional stability for CWD

Item	Views			
	Yes Frequency	%	No frequency	%
Safety				
The CWD have confidence in the school.	3	2	147	98
The school offers adequate security for CWD.	26	17.33	124	82.66
There is adequate stability for CWD in school.	12	8	138	92
Selfactualization				
The school offers self reliant skills to CWD	137	91.33	13	8.67
The school offers self-fulfilment skills to CWD	21	14	129	86
The school offers autonomy skills to CWD	19	12.67	131	87.33
Selfindependence				
The school involves CWD in decision making.	139	92.67	11	7.33
The school allows CWD to set their own goals.	123	82	11	18
Self-management skills are taught in school.	109	72.67	41	27.33

The study sought to find out head teacher's level of understanding of emotional balance of CWD. Findings from Table 3 revealed that, cumulatively 3 (2%) out of 150 head teachers had training on safety needs and first aid, while 147 (98%) did not, signifying that safety needs were not given priority by the head teachers therefore diminishing emotional stability for CWD. Further findings showed that 26 (17.33%) reported schools having safe and enclosed outdoor areas for pre-school children implying emotional confidence while 124 (82.66%) did not. Inadequate safety reduces CWDs' functioning significantly, implying emotional instability. More findings revealed that 12 (8%) had provision for nap schedules during afternoon for emotional adjustment while 138 (92%) did not, suggesting that CWD experienced emotional imbalance. When asked about inadequate safety of CWD, one head teacher lamented..... I want to prioritize supporting safety needs of CWD but do I use money designated for other children to support CWD? There is no extra funding for inclusive schools. No resources are allocated for CWD yet parents have refused to support schools financially. Based on findings head teachers should have a strong policy supporting staff in providing emotional security for CWD.

Other findings revealed that 137 (91.33%) head teachers reported having supported CWD's self reliance by allowing CWD to make choices, solve problems, complete tasks successfully and rotating chores daily and weekly. Conversely 13 (8.67%) did not, implying reduced emotional adjustment. Similarly, 21 (14%) reported having enhanced self

fulfilment skills for CWD such as accepting own talents, strengths and limitations while 129 (86%) did not, owing to inadequate skills in emotional balance. However learner centred pedagogy raises self-actualization, a pre-requisite for emotional security. Furthermore, 19 (12.67%) confirmed having professional training in enhancing autonomy in CDW, while 131 (87.33%) did not, demonstrating emotional imbalance for CWD. Thus expanding staff training and professional development opportunities on emotional confidence for CWD is essential for learner participation.

In addition, 139 (92.67%) reported having provided opportunities for decision making, however 11 (7.33%) did not, advocating for emotional insecurity for CWD. More still 123(82%) allowed CWD to participate in co-curriculum activities such as music and drama for emotional stability, while 27(18%) did not, pointing to inadequacy in emotional security for CWD. Additionally, 107(77.67) stated that CWD are capable of making own decisions in daily school activities such as types of clubs to join, while 41 (27.33%) did not, denoting emotional imbalance and reduced learner participation.

Table 4. Children with disabilities view on emotional stability

Item	Views			
	Yes Frequency	%	No Frequency	%
Safety				
Am confident in crossing the road	142	94.67	8	5.33
I experience adequate security	92	61.33	58	38.67
The school offers adequate stability	129	86	21	14
Self actualization				
The school offers self reliant skills	102	68	48	32
Self fulfilment skills are evident in school	140	93.33	10	6.67
The school offers autonomy skills	99	66	51	34
Self independence				
I am involved in decision making	126	84	24	16
I am able to set my own goals	113	75.33	37	24.67
The school offers self management skills	89	59.33	61	40.67

The study examined CWD’s understanding of emotional stability. Findings from Table 4 illustrates 142 (94.67%) out of 150 CWD reported having confidence in crossing busy roads, denoting emotional security while 8 (5.33%) did not due to fear, suggesting emotional imbalance. Further, 92 (61.33) reported having

adequate security in school, while 58 (38.67), did not, meaning emotional insecurity. Additionally, inadequate stability was reported by 129(86%) due to teasing and bullying in school while 21(14%) did not; suggesting that safety needs for CWD was not a major concern in many schools, hence emotional imbalance and reduced participation. However, in an environment where autonomy, hope, and confidence prevail, CWDs’ are likely to transform into effective participants, a requirement for emotional assurance.

Additional findings revealed that, 102(68%) were self-reliant in competing daily school tasks successfully, symbolizing emotional assurance, while 48(32%) were not. More findings revealed that 140(93.33) were taught self-fulfilment skills such as acting responsibly, attending to new challenges, and setting realistic goals, while 10(6.67) were not, resulting into emotional imbalance. Finds on autonomy revealed that, 99(66%) CWD were good at self-feeding, independent dressing and grooming, hygiene and toileting as well as helping with daily chores, resulting in emotional confidence, while 51(34%) were not, denoting emotional instability. Equally important, CWD who experience supportive and long lasting relationships tend to feel more independent and connected. In consequence emotional re-assurance is achieved.

In addition 126(84%) reported having made own decisions for example classroom rules, solving own problems, in addition to choosing co-curriculum activities, therefore enhancing emotional confidence, while 24(16%) did not due to inadequate confidence. More still 113(75.33%) CWD were involved in goal setting for instance selecting own learning materials, recognizing own talents and interests, sharing own experiences while 37(24.67) did not, due to inadequate skills, resulting in emotional instability. More still 89(59.33%) CWD managed their own life through self-control, exhibiting confidence, good time management and managing anger, demonstrating emotional adjustment while 61(40.67%) did not due to laxity in teachers recognizing and understanding the need for emotional balance. Though CWD experienced self-independence, safety and self-actualization was inadequate lowering the attainment of emotional assurance and effective participation.

9. Conclusions

The findings highlight the significance of teacher role in emotional balance of CWD. The CWD ability to learn and function as contributing members of society rests entirely on safety, self-

actualization and independence. Understanding of emotional balance enables CWD meet demands of everyday life, lower destructive behaviour, cope with stress as well as focus on personal growth to live more authentically. Teachers' pursuing emotional stability permit CWD in experiencing healing from stress anxiety, depression and transform into helpful patterns of thinking, feeling as well as gain confidence in life. Given daily stressors faced by CWD, promoting emotional stability is likely to build positive relationships, promote pro-social behaviour, academic success and effective participation in class and in society. If school learning environments are improved to support inclusion and emotional balance, CWD are likely to experience connection to school and reduced emotional distress.

The study found inadequacies in identifying and providing emotional stability to CWD. Irrespective of disability, CWD have skills that can be developed for realization of effective participation only if emotional competences of safety, actualization and independence are accorded in the correct manner. Implication of this evidence is that supporting teachers in developing emotional balance for CWD should be the major focus of Early Childhood intervention services. To achieve this, Early Childhood interventions need well developed skills in engaging and building partnership with parents as well as knowledge of strategies and programs for building positive relationships with CWD as well as promoting emotional well being of CWD in school and in society. Thus, classroom management should be improved as teachers learn to regulate emotional balance for CWD.

10. Recommendations

These recommendations derive from the study findings and they include some of the suggestions put forward by the respondents.

- Teachers should focus on programmes that anchor on skill development such as technology enthusiast, innovativeness, commitment, preparation tolerance and strategies such as; daily schedule for CWD, an orderly classroom management, respect for CWD, and clear open communication between learner and teacher, consistent with emotional stability of CWD, as well as link to community recourses beyond school.
- Teachers should supplement core practices with interventions such as providing culturally relevant curricular that reflects experiences for CWD to experience love, joy, acceptance and optimism. This should include demonstrating appropriate pedagogy, caring, and concern for CWD and establishing and maintaining positive relationships with CWD.
- Teachers should implement school programs and approaches for creating healthy inclusive learning environments that promote emotional stability through comprehensive educational and professional development emphasizing importance of emotional reassurance for CWD.
- The Government of Kenya should align its policies and programs with those of CRPD and CRC in order to enhance equal opportunities for effective participation. This will cater for special needs of CWD in education as well as equal access to education and facilities that are integrated into society to the extent compatible with emotional security of CWD.
- Education laws in Kenya should be monitored to identify features that limit CWD from enjoying equal educational opportunities. Distribution of resources should promote synchronization of efforts in meeting emotional demands of CWD in inclusive environments, hence, avoiding escalation of emotional imbalances. Other key players such as local authorities, parents and communities also should take up responsibilities of meeting emotional security of CWD.
- The Ministry of education should ensure that policies, structures and processes are inclusive both in philosophy and practice, since insufficient understanding, data and information about disability impacts negatively on participation, creating emotional imbalances to CWD. To ensure visibility of all groups of CWD in relation to attendance, completion and attainment in education it is vital that data are disaggregated by disability, economic status, and geographical status to promote harmony in addressing emotional needs of CWD.
- To date there has not been extensive studies on emotional needs of children with disabilities. Most studies focus on reducing disability and treatment. Based on the experiences of this study, the researcher recommends need for more research on emotional balance of children with disabilities. An inclusive intervention program should address discrepancies in the area of emotional security of children with disabilities. Thus future studies should explore ways of making emotional awareness and mindfulness to supporting well being of CWD.

11. References

- [1] Book (Authored): Barnett, W.S., Carolan, M.E., Squires, J.H., Clarke Brown, K., & Horowitz, M. (2015). *The state of preschool 2014: State preschool yearbook*. New Brunswick, NJ: National Institute for Early Education Research.
- [2] Journal Article: Birney, D., Fogarty, G., & Plank, A. (2005). Assessing schematic knowledge of introductory probability theory. *Instructional Science*, 33, 341-366
- [3] Boyd, J., Barnett, W. S., Bodrova, E., Leong, D. J., & Gomby, D. (2005). Promoting children's social and emotional development through preschool. New Brunswick, NJ: NIEER.
- [4] Chavan, M., Yoshikawa, H., & Bahadur, C. (2013). *The Future of Our Children: Lifelong, Multi generational Learning for Sustainable Development*. (Report of the thematic workgroup on early childhood development, education and the transition to work of the U.N. sustainable development solutions network). New York, Paris, and New Delhi: U.N. Sustainable Development Solutions Network.
- [5] Convention on Rights of People with Disabilities (2006). Official Statement of the UN Secretary General, SG/S M/10797. Available at: <http://www.un.org/News/Press/docs/2006/sgsm10797.doc.htm>
- [6] Convention on the Rights of the Child, (1989). Promotion and protection of human rights: implementation of human rights instruments. Torture and other cruel, inhuman or degrading treatment or punishment: Note by the Secretary General, U.N. G.A.O.R. 63 Sess., Item 67(a)
- [7] Journal Article: Dessemontet, R.S., Bless, G. & Morin, D. (2012). Effects of inclusion on the academic achievement and adaptive behavior of children with intellectual disabilities. *Journal of Intellectual Disability Research*, 56 (6), 579-587
- [8] Journal Article: Ganira, K. L., Odundo, P.A., Ngaruiya, B., Obae, N.R. (2015). Impact of Social Needs on Participation of Children Aged 4-6 with Disabilities in Early Childhood Education Classes in Starehe Division in Nairobi County, Kenya. *International Journal of Elementary Education*. Vol.4, No.2, 2015, pp. 25-34. doi: 10.11648/j.ijeedu.20150402.12
- [9] Journal Article: Hewitt, John P. (2009). *Oxford Handbook of Positive Psychology*. Oxford University Press. pp. 217-224. ISBN 978-0-19-518724-3
- [10] Book (Edited): Jackson, S. L. (2009). *Research Methods And Statistics: A Critical Thinking Approach* (3rd edition). Belmont, CA: Wadsworth.
- [11] Journal Article: Leithwood, K., Mascall, B. (2008). Linking leadership to student learning: The contributions of leader efficacy. *Educational Administration Quarterly*, 44: 496-528
- [12] Book (Authored): Maslow, A. (1998). *Towards a psychology of being* (3rd ed.) New York: Wiley & Sons.
- [13] National Association for the Education of Young Children (NAEYC), (2002). and National Association of Early Childhood Specialists in State Departments of Education. *Early Learning Standards: Creating the Conditions For Success*. Washington, DC: National Association for the Education of Young Children.
- [14] NCCD, (2005). *Biwako Millennium Framework for Action Towards an Inclusive Barrier Free and Rights Based Society for Persons with Disabilities*, Hanoi, Labour and Society Publishing House
- [15] Reading, J., Kmetz, A., & Gideon, V. (2007). First Nations Wholistic policy and planning model. AFN Discussion Paper for WHO Commission on Social Determinants of Health. Retrieved from: <http://www.fsin.com/healthandsocial/childportal/detail.php?firstLevel=&secondLevel=¤tItemId=177>
- [16] Journal Article: Scheer, J.M., Kroll, T, Neri, M.T, Beatty P. (2003). Access barriers for persons with disabilities: the consumers perspective. *Journal of Disability Policy Studies*, 13:221-230. doi:10.1177/104420730301300404
- [17] Journal Article: Shutts, K., Roben, C. K. P., & Spelke, E. S. (2013). Children's use of social categories in thinking about people and social relationships. *Journal of Cognition and Development*, 14, 35-62.
- [18] Journal Article: Sinclair, R. (2004). Participation in Practice: Making it Meaningful, Effective and Sustainable', *Children and Society*, 18, pp. 106-118.
- [19] The Salamanca statement and framework for action on special needs educational. Salamanca UNESCO (1994): UNESCO.
- [20] World Health Organization (2011). *World Report on Disability*. Geneva: WHO/World Bank. http://www.who.int/disabilities/world_report/2011/en/index.html;